

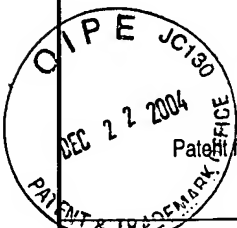


TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/070,069	
	Filing Date	March 4, 2002	
	First Named Inventor	Dolbear, et al.	
	Group Art Unit	2613	
	Examiner Name	Anand Shashikant Rao	
Total Number of Pages in this Submission	13	Attorney Docket Number	CM00740P

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Form PTO SB/08 w/7 References
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CDs _____	<input checked="" type="checkbox"/> Copies of 7 References
<input type="checkbox"/> Certified Copy of Priority Documents	Remarks X Facsimile Transmittal	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Valerie M. Davis	Registration No.	50,203
Signature			
Date	December 16, 2004		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number _____ or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	Sheila Mannetino		
Signature		Date	December 16, 2004



FEE TRANSMITTAL

Patent fees are subject to annual revision

Complete if Known

Application Number 10/070,069
Filing Date March 4, 2002
First Named Inventor Dolbear, et al.
Examiner Name Rao, Anand Shashikant
Group Art Unit 2613
Attorney Docket No. CM00740P

TOTAL AMOUNT OF PAYMENT

\$300.00

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number

502117

Deposit Account Name

Motorola, Inc.

- ☒ Charge Any Additional Fee required under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Paid
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

SUBTOTAL (1) \$0

2. EXTRA CLAIM FEES

Total Claims - Previously Paid** 20 = Extra Claims 0 X Fee from below = Fee Paid

Independent Claims - 3 = 0 X =

Multiple Dependent 0 =

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
				Claims in excess of 20
				Independent claims in excess of 3
				Multiple dependent claim, if not paid
				* Reissue independent claims over original patent

*Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$0

**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

*For Reissues, see above

SUBMITTED BY

Name (Print/Type)

Valerie M. Davis

Signature

Valerie M. Davis

Registration No.

50,203

Telephone

(847) 576-6733

Date

December 16, 2004

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late Provisional filing
139	130	139	130	Non-English specification
147	2520	147	2520	For filing a request for ex parte Reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1840*	113	1840*	Requesting publication of SIR after Examiner action
115	120	215	55	Extension for reply within first month
116	450	216	200	Extension for reply within second month
117	1020	217	460	Extension for reply within third month
118	1590	218	720	Extension for reply within fourth month
128	2160	228	980	Extension for reply within fifth month
119	320	219	160	Notice of Appeal
120	320	220	160	Filing a brief in support of an appeal
121	280	221	140	Request for oral hearing
138	1510	138	1510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1280	241	640	Petition to revive - unintentional
142	1280	242	640	Utility issue fee (or reissue)
143	460	243	230	Design issue fee
144	620	244	310	Plant issue fee
1808	130	122	130	Petitions to the Commissioner
123	50	123	50	Processing fee under 37 CFR 1.17(q)
126	180	126	180	Submission of IDS
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))
179	740	279	370	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application

Other fee (specify) Terminal Disclaimer - \$110.00

* Reduced by Basic Filing Fee paid

SUBTOTAL (3)

\$300.00

Complete (if applicable)